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THE OFFICE SYSTEM FOR THE OPTOMETRIST

Walter H. Nordin, Opt.D.,
Faribault, Minnesota

The efficiency of any optometric office depends greatly upon the office filing system, bookkeeping, handling of correspondence and the proper recording of the necessary data on the history and record card of each individual patient who visits an optometric office for eye service.

Records are of vital importance in an optometric practice and keeping them in some specific form tends to uniformity and accuracy. In order that a record card shall be of maximum value it should be of moderate size so as to contain a complete history of the case as well as all other data relative to the examination.

We are all interested in optometrical equipment, and our great desire is to give our patients the best that optical science has to offer. This is very fine and should be promoted, but how often we neglect to keep the proper record and history of the patient together with all data that we find at the time of the examination. This is very essential in order to give proper service. When a patient comes into our office for an examination, we expect to see him again for a re-examination at some future time, and naturally if the optometrist knows something of the past history of the case, it will be a big factor in prescribing the proper correction, and one will know without doubt, the actual progress made in wearing the previous correction.

I have found, in practice, great success with the use of the "Follow-Up Letters." I believe that the most of us think too much about new patients and neglect those we already have. We stimulate publicity which tends to reach new patients, which is all right, but why not spend a little more time in creating good will among the patients we already have. This can be done by putting to use a system of follow-up letters. We are using in this office the Kiekenapp record card and follow-up letters. The record card being a 5x8 card, has proven very adaptable to our needs, and the follow-up letters, I must say have been "Go-Getters" in retaining and keeping in touch with our patients and showing them that we are interested in their welfare in the matter of their eye comfort. By keeping constantly in touch with old patients, we find that they will return for a re-examination more readily than if we should allow them to pursue their own course, also if experiencing a little discomfort they will not hesitate to call at the office for adjustments and advice.

Our first letter is sent to the patient ten days after the examination, the second letter two months after examination, the third letter, six months, and the fourth letter in one year. This last letter points out the advisability of a re-examination of the eyes, and the fifth letter is sent to a patient two years after an examination, laying a greater stress upon the advisability of a re-examination. After each letter has been sent a notation is put on the record card in the space provided, showing the date the letter was sent and if patient reported at the office, the date of same is inserted in the proper space. By following the patients in this manner we are able to keep in touch with them in a personal way and thereby pave the way for future visits.

After each examination the prescription is written out in full, from the record card, and is sent to the laboratory. The record or history card is then filed away alphabetically in the card cabinet.

The part of the optometrist's training that is most woefully neglected is that part which deals with the business side of the profession. Optometry is a profession, but like all professions it has its business phases. Instead of merchandise the optometrists have service to render. Material, however, is also prescribed in the form of lenses and mountings, and of course there are the various items of running expenses, commonly called overhead.

MAY, 1924					
Date	Patients Name	Fee for Material	Cost of Material	Gross Profit On Material	Refraction Fee
5/6	R. Brown	15.00	10.50	4.50	5.00
5/6	J. Smith	19.00	12.80	6.20	5.00
5/7	H. Allan	16.00	11.10	4.90	5.00
Totals		50.00	34.40	15.60	15.00

FIGURE 1

In order to carry on any professional practice or in fact any business successfully, one must sell his service or his goods at a profit, and in order to do this, one must know three things. First, cost; second, overhead, and third, the selling price. If these three things are known, it is an easy matter to figure out whether the practice or business is operating at a loss or a profit.

A good many professional people today practicing optometry do not figure cost accurately. Cost is more than the price paid for the goods. For instance, transportation charges should be added because that is an item that enters into the cost of obtaining the goods in order that it may be turned over to the consumer. Other items must be added. One must figure out what the goods cost, and then one must charge interest on the investment until the goods can be turned over and the money realized. And again, in prescribing glasses, the cost of the case for instance, must be added to the cost of the material used in making the glasses, as it becomes part of the material supplied to the patient. Cases should not be charged up to general expense as is so frequently done.

When the cost of an article is determined the rest of the calculations are simple. Under overhead is placed rent, heat, light, power, telephone, postage, printing, stationery, advertising, etc., and there must be added the interest in the amount invested in equipment as well as its depreciation.

The total fee for material used may be computed individually and also collectively, that is, each order and the total of all orders. By using a columnar system it enables one to distribute the total fees accordingly, showing the cost of the material and the profit made, and also in a separate column showing the amount of the refraction fee. A typical form is shown in Figure 1. After installing a system of this kind, the optometrist can tell at a glance the profit made on each transaction, and at the end of the month, by merely adding up the columns he can easily determine the total monthly

RECEIPTS					Bank Account		
Date	Received From Patient	On New Material	On Account	Total	Deposits	Checks Drawn	Balance On Hand
5/1	C. Jones	24.00		24.00		2.00	1641.30
5/1	S. Loets		10.00	10.00	34.00	10.00	(from
						25.00	previous
5/2	V. Berg	20.00	10.00	30.00	30.00		month)
Totals		44.00	20.00	64.00	64.00	37.00	27.00
							1668.30

FIGURE 2

volume. The profit column added to the refraction fee column will give the gross profit on all transactions and the overhead deducted from this amount will give the total net profit for the month. Of course if the overhead is greater than the total net profit for the month, the practice is operating at a loss.

Anything of value, comprising cash and expenses going out of one's practice should be entered as disbursements on the right hand side of the ledger, and all cash coming into the office should be entered as receipts on the left hand sheet of the ledger. These transactions concern us in bookkeeping. A model form of disbursements is shown in Figure 3, and that of receipts in Figure 2.

By using a columnar system in carrying out the disbursements, we have a column for all necessary expenses and the paid out cash and checks are distributed in their respective columns.

Likewise the receipts are distributed in their respective columns, showing the source of the incoming cash with the sum total at the left.

A little time and thought with these suggestions will give an optometrist a system that will enable him to have an exact knowledge of the condition of his practice at all times.

Another branch of an optometric practice that is generally neglected is the correspondence. Every department of our work should be conducted and managed systematically in order to obtain a co-operative result that brings a recognized reputation.

To promote improvement in correspondence there must be organization and management. All in-coming mail should be looked over carefully and put away in a work organizer. Letters demanding immediate attention should be put in one compartment, letters to be answered later in another, letters to hold in one, and as many other compartments as one might find necessary to use. After the morning mail has been distributed in this manner, one can then go about answering the letters in a systematic manner, taking whatever set one desires, and by having all the mail assorted in this way it will take but a minute to go

DISBURSEMENTS

Date	Cash paid out	Checks paid out		Material	Salaries	Rent	Advertising	Postage	Stationary	Heat	Light	Printing	Equipment	Miscl
		No.	Amt.											
5/1		#245	2.00				2.00							
5/1		#246	10.00	10.00										
5/2		#247	25.00							25.00				
Totals			37.00	10.00			2.00			25.00				

FIGURE 3

through the organizer at any time to see if there are any letters that should be answered. The result will be an efficient system in the management of mail, which is a very essential factor in the success of any practice.

These are little things, but as Longfellow said, "Success is won by what you can do well, and doing well what you can do." It has been observed that men have a tendency to sigh for opportunities for doing big things and thus they neglect the little things which are at hand and which in their combination, provide the most important field of usefulness.

A COMPLETELY EQUIPPED REFRACTING ROOM

Leslie W. Myers, Opt.D.,
Minneapolis, Minn.

The optometrist of today is very fortunate in as much as optical science has given to the profession many new and high grade instruments that are of material assistance to him in diagnosing and compiling data on the individual case.

The question has often been asked what really constitutes a completely equipped refracting room. No two refractionists will exactly agree on this subject, some being too conservative while others are inclined to the other extreme. It is the writer's intention to outline briefly a suggested refracting room together with the arrangement of instruments and a few hints as to size of room, color of walls, etc.

Refracting Room

A space 10 feet wide by 15 feet long makes an ideal size refracting room as it allows ample room for the examiner and at the same time creates a favorable impression on the patient as all instruments can be so grouped as to facilitate their use and also to produce the greatest psychological effect upon the patient. The walls and ceilings should be finished in a dull grey (absolutely free of all glare) and the panels, if any, stained to imitate a dark mahogany. A good grade of linoleum, preferably in plain design and a dark brown in color makes an excellent floor covering. Avoid bright colors or gaudy designs, otherwise your patient will pay more attention to the designs on the floor than to the details of the refraction.

Trial Case and Asceptic Cabinet

The trial case should consist of the complete contents mounted into an asceptic trial case cabinet placed at a convenient working distance at the right of the examiner.

Ophthalmic Chair

In selecting an ophthalmic chair be sure it contains ample adjustment, especially so vertically, and that the back and head rest can be easily reclined for ophthalmoscopic and other pathological work. The writer personally recommends an hydraulic chair in porcelain with well nickled parts. This chair should be set, well out away from all walls, so as to permit its full use.

Phoroptor or Refractor

A phoroptor or a refractor should be either attached to the ophthalmic chair or to a unit situated directly to the examiner's left.

Illuminated Test Cabinet

The illuminated test cabinet should be placed above and directly back of the refracting chair or to the examiner's left if attached to a unit. The chart should be evenly illuminated and free from red glare or shadows. The writer personally recommends either an Ive's visual acuity test object or a multiple test chart with the lines of letters separately illuminated.

Ophthalmoscope, Retinoscope and Sinus Trans-illuminator

An electric ophthalmoscope (the very best make obtainable) should be attached to an interchangeable cord handle and cords for use with a reostat or city current controller. This assures one of even illumination. A static and dynamic retinoscope together with a good antrum and sinus trans-illuminator may be used on the same interchangeable cord handle. These instruments should be kept on a small stand placed at a convenient distance from the ophthalmic chair. Many of the new units are now equipped with a stand for small instruments.

Ophthalmometer

The ophthalmometer (either a one or a two position instrument) should be mounted on an adjustable bracket attached to the refracting chair or to a unit placed to the left of the examiner.

Stereo-Campimeter and Perimeter

A stereo-campimeter should be mounted on an adjustable table and placed near the wall to one side of the room. A good daylight perimeter should be mounted on an adjustable table placed directly alongside the campimeter. Two small adjustable stools to be used, one for each instrument.

Sphygmomanometer

The modern refracting room is not complete without a sphygmomanometer or some other reliable instrument for taking the patient's blood pressure. This instrument should be fastened to the wall directly back of the ophthalmic chair and to the examiner's right or in proximity to the patient's left arm.

Ophthalmic Mirror

An ophthalmic mirror should be placed exactly ten feet from the front surface of the illuminated test cabinet or test letters. It should either be permanently fastened to the wall or mounted on a substantial floor stand. A front surfaced mirror with removable cover is recommended as this type of mirror is practically free from optical defects and does away with the possibility of phantom images.

Good Equipment Pays

A well equipped refracting room is an investment that will pay dividends from the start and continue to pay dividends. It will elevate your standing as a professional man by enabling you to do better work and bring confidence and respect from the American public who demand real service for their money. Take an inventory of your refracting room and decide for yourself "is it really up to par?"

A NEW RECORD CARD, NEAR POINT READING CARD AND MUSCLE TEST

A. C. Hoffman, Opt. D., F.A.A.O.

Minneapolis, Minn.

For the past several months, the Department of Public Information of the American Optometric Association has been laying plans, which when complete will not only place optometry and eye conservation in a pleasing position before the public, but also to assist the optometrists in their refractive work. Requests had come to this office from time to time for a simplified record card—a card which was so easy to fill out that any refractionist could use it, and still one so complete that every detail of an ocular examination could be made a matter of record. Furthermore, these cards should be made in several standard sizes as well as several colors and should of course be quite inexpensive.

The Record Card shown in Figures 1 and 2 was the result of these requests. The card itself was devised by Dr. Carel C. Koch with the aid of Drs. Charles Sheard, Ernest Kiekenapp and the writer. On the front of the card (Figure 1) one finds the usual lines devoted to the name, address, etc., with the following spaces devoted to the actual notation of the prescription. Lens type, frames, etc., follow in logical

The author of this paper, Dr. A. C. Hoffman, is chairman of the Department of Public Information of the American Optometric Association, and the Record Cards mentioned in this paper and also the Reading Card and Near Point Muscle Test Card can be secured at the bare cost of material from this A. O. A. department. The Record Cards, printed on usual record card stock, are made in two sizes, 4x6 inches and 5x8 inches, the cost to be as follows:

500	of the 4x6 cards for	$3.50
1000	of the 4x6 cards for	6.00
500	of the 5x8 cards for	4.50
1000	of the 5x8 cards for	8.00

Sent prepaid

The Reading and Near Point Muscle Test Card, printed on a heavy board stock, will be mailed to any part of the United States or Canada for 10 cents, or one dozen of these cards for a dollar. This material may be ordered by writing to the Department of Public Information, of the American Optometric Association, care 76 South Eighth St., Minneapolis, Minn.—Editor, Northwest Journal of Optometry.

Rx No..... Date.....
Name .....
Address .....
Distance Correction.
O. D.....Sph.....Cyl. Axis.....()..... Prism. Base.....
O. S.....Sph.....Cyl. Axis.....()..... Prism. Base.....
Bifocal Addition. O. D.....O. S.....Trifocal.....
Reading Correction.
O. S.....Sph.....Cyl. Axis.....()..... Prism. Base.....
O. D.....Sph.....Cyl. Axis.....()..... Prism. Base.....
Type of Bifocal.....Displacement of Segments.....Height.....
Lens Size:.....X.....Oval.....Round.....X.....Leaf.....X.....Colonial.
Lens Color.....Lens form: Flat.....Toric.....Punktal.....Skel.....Insert

Riding Bow—FRAMES AND MOUNTINGS PRESCRIBED—Eye Glass

Type..... Bridge..... Type..... Bridge.....
Temple Length..... Style..... Guards..... Rims.....
Angle of Crest.....Rims.....Chain.....Cord.....Reel.....
P. D., Med. Line to R. P. C.....c/m. P. D., Med. Line to L. P. C.....c/m.
Notation regarding Material Prescribed.....
Old Rx..... Refraction Fee.....
..... Material Charge.....
..... Deposit .....
..... Balance .....

Figure 1 (Card Reduced)

Occupation..... Age.....
CASE HISTORY .....
.....
Visual Acuity Uncorrected.
O. D.....O. S.....O. U.....
Fields of Vision.
O. D.....O. S.....
External Ocular Inspection.
O. D.....O. S.....
Ophthalmoscopic Examination.
O. D.....
O. S.....
Ophthalmometric Findings.
O. D.....
O. S.....
Skiametry Static.
Working Distance.....c/m.
O. D.....Sph.....Cyl. Axis.....
O. S.....Sph.....Cyl. Axis.....
Skiametry Dynamic.
Fixation at.....c/m.
O. D.....Sph.....Cyl. Axis.....
O. S.....Sph.....Cyl. Axis.....
Patient's Near Point Working Distance.....c/m.
Skiametry Dynamic at this Distance.
O. D.....Sph.....Cyl. Axis.....
O. S.....Sph.....Cyl. Axis.....
Subjective Findings.
O. D.....Sph.....Cyl. Axis.....V.....
O. S.....Sph.....Cyl. Axis.....V.....
Subjective Positive Accommodative Test.
O. D.....O. S.....
Near Point of Accommodation.....c/m.
Subjective Presbyopic Addition.
O. D.....O. S.....
TONICITY Test at Six Meters. Dominant Eye.....
Ex.....Es.....R. Hy.....L. Hy.....
Duction Test.
Ad..... Ab..... Sup..... Inf.....
Tonicity Test at 33 c/m.
Ex.....Es.....R. Hy.....L. Hy.....
Reserve Fusion Convergence.....
Color Perception .....
Diagnosis .....
Formula Prescribed.
O. D.....
O. S.....
.....
.....

Figure 2 (Card Reduced)

order with room for a notation regarding fees at the bottom. The entire right portion of the card is left blank for any notation the optometrists may wish to make regarding the case.

On the reverse side of the card (Figure 2) spaces are provided for data as recorded during the refraction itself. These spaces are, as nearly as possible, arranged in the logical sequence of the average refraction, and permit ample room for the recording of findings.

At the same time it was deemed advisable to present to the profession a small near point reading card, bearing an optometric message. This card to be used in the phorometer attachment, and to supplement the large size reading card as already supplied by the department. This near point reading card is fully illustrated in Figure 3.

On the reverse side of this card has been placed the Kurtz Near Point Muscle Test (Figure 4), which in the opinion of the writer is one of the most advanced steps ever taken in card construction for near point muscle work. This card as devised at the writer's request, by Dr. J. I. Kurtz, is unique inasmuch as four near point muscle tests can be made with it without changing the card or moving it from its fixation distance of 33 c/m or 13 1/3 inches.

The Lateral Muscle Test, or the Near Point Test for Esophoria or Exophoria, can first be made by viewing the card through a 10 degree prism, base down, placed before the right eye. This prism of course produces diplopia with the result that two horizontal lines of letters and figures are seen. If the arrow over the word "OPTOMETRY" points to the figures on the right-hand side of the card, exophoria exists, in the amount shown by the figure. Should the arrow point to the left side, the condition is esophoria, the amount being indicated by letters, "A" standing for one degree, "B" for two, etc.

The second near point test is made at the same time as the first, it being a near point test for cyclophoria, inasmuch as the horizontal lines should, in

Optometry is the science of examining the human eye for the purpose of diagnosing its defects and prescribing proper relief. Where variation from the normal length of the eyeball is discovered, glasses are needed and nothing else will take their place. There is no substitute for glasses.

The eye is a living, changing, highly adaptable organ which can be and often is driven to function long after the margin of safety has been passed. Keen vision often can be accompanied by great ocular discomfort, with headaches, nausea and other distressing symptoms. Thus too much reliance must not be placed upon the sharpness of vision as this is no proof or normal eyesight.

Proper lenses will change materially the conditions under which those eyes work and naturally there is at first a period of adaptation during which one can expect more or less discomfort before the final adjustment is made.

A periodic examination of eyes that are apparently functioning properly is simply common sense. Eyes with serious defects particularly should be examined at frequent intervals.

The Optometrist is a specialist in the scientific examination of eyes.

He has been examined and licensed under the laws of the State for this particular profession.

The Hoffman Reading Card
Issued by the
AMERICAN OPTOMETRIC ASSOCIATION
Department of Publicity and Public Information

FIGURE 3

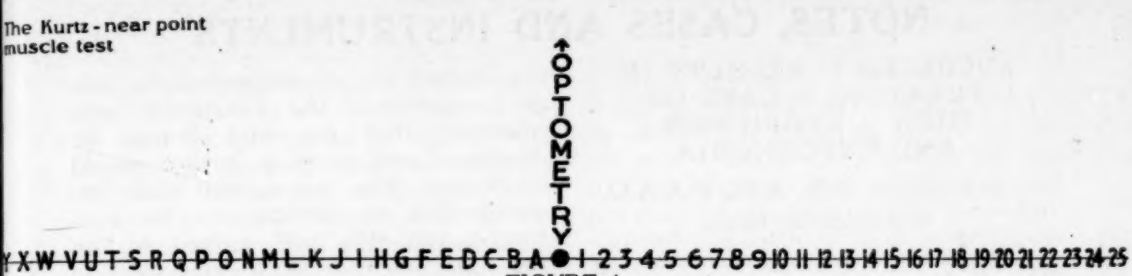
The Kurtz - near point muscle test
OPTOMETRY
Y X W V U T S R Q P O N M L K J I H G F E D C B A 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

FIGURE 4

a case without this defect, be parallel and any deviation from this state of parallelism indicates a cyclophoric condition.

The third test which can easily be made is the near point test for Right or Left Hyperphoria. This test is made as follows: Place a prism, base In, over the right eye, of sufficient strength to cause a lateral diplopia, i. e., a doubling up of the word "OPTOMETRY." If the horizontal line of letters and figures remains unbroken, no vertical imbalance exists. However, should diplopia also exist in the vertical meridian, indicated by two horizontal as well as two vertical lines, we have a case of hyperphoria. Left hyperphoria, when the upper horizontal line crosses the word "OPTOMETRY" to the right, and Right Hyperphoria when the upper horizontal line crosses to the left.

The amount of either Right or Left Hyperphoria can be taken from the card as the letters are so spaced as to each represent one degree of muscular imbalance, when the card is placed at its proper fixation distance of 33 c/m.

The fourth test which can be made is the test for Positive and Negative Reserve Fusion Convergence. This test is simply made at the same working distance with the rotary prism in place. Starting with the prism at "O," the patient fixing the vertical word "OPTOMETRY," the refractionist slowly turns the prism base Out, until diplopia exists. The number of prism dioptres held, indicates the positive reserve fusion convergence. Negative reserve fusion convergence is determined in the same manner, the prism being turned base In.

Thus four near point muscle tests can be made at the same time, with this card, by the several manipulations of the rotary prisms, and by merely reversing the card the refractionist has in his possession and in the proper place a reading card for his subjective accommodative tests and later in the refraction for a reading card as well.

BOOK NOTICES

OCULAR SYMPTOMATOLOGY

By **Eugene Wiseman, Opt.D., F. A.A.O.** Monograph, p. 93. Chicago: The Professional Press, Inc., 1924.

Wiseman, in this monograph, gives us much to think about, and as usual in his writings he has opened a field of investigation for us. The study of semeiotics is important and by most of us very poorly handled unless we endeavor to treat the cause and not the effect. Wiseman ably arranged this work, in that, he gives the effect, or symptoms given by the patient, and traces it to the cause. Thus, the monograph becomes one of easy reference and readily adapted to the uses of a busy refractionist. Although written by an optometrist this subject warrants its use beyond the field of optometry and may well be used by others in the field of alleviating human ills.

The major topics are: Blurred Vision, Painful Vision, Vertigo, and Headache. Under each topic are sections dealing with effects and causes. Blurred visual possibilities are traced through all the media of the eye and differentiations made. The summation of the subject can best be expressed in the author's own words: "It may, however, be said to possess the merit of directness in that it takes up the subject exactly where the consultant presents it to the refractionist and thus enables the latter to follow it to a logical conclusion, rather than presenting conclusions first and then forcing the investigator to work backwards, as so many studies do." E. O. F.

NOTES, CASES AND INSTRUMENTS

SUCCESSFUL RESULTS IN TREATING A CASE OF HIGH EXOPHORIA AND HYPOPHORIA

J. I. Kurtz, B.S., A.O., F.A.A.O.
Minneapolis, Minn.

Consultant female, dressmaker, age 22, called on February 22nd, 1924, complaining of headaches, burning and itching of lids, photophobia and diplopia at the near point. Objective external-ocular examination showed an inflammation and turning of left eye, toward the tempral side. Ophthalmoscopic examination was negative. Very little refractive error was found under static or dynamic retinoscopy. Visual acuity was normal in both eyes. Muscle test at distance revealed 23 degrees of exophoria and 14 degrees of left hypophoria. The exophoria at the near point was 34 degrees, and the same amount of left hypophoria was disclosed at this point as was found in making the distance test. There was a marked diplopia at 15 inches as would be expected under such high degree of exophoria. Consultant was informed that very little relief could be expected by merely prescribing glasses. Oculo-prism treatments were advised, treatments to be given daily and case be kept under observation for some time. The following glasses were prescribed: O. D. 5 Prism Dioptres, base up, O. S. 5 Prism Dioptres, base down. This prescription was intended to take care of the vertical imbalance only,—oculoprism treatments were to be given to reduce the exophoria. After working on this case until May 15th I succeeded in reducing the muscle imbalance to 14 degrees of exophoria and 8 degrees of left hypophoria. From this point on it was next to impossible to make any more progress. In cases of this type it is imperative to have the consultant's co-operation, which in this case I was unable to get. As a young lady, the consultant was very sensitive about wearing thick, heavy lenses, which of course were necessary were a high degree prism to be prescribed. I found that the consultant did not wear the glasses prescribed most of the time, neither did she come regularly for treatments as she was instructed to do. On August 1st on account of the lack of co-operation the consultant was informed that the case would be dismissed and nothing further would be done. The consultant then insisted that the treatments be continued and this was agreed to, on the condition that $5.00 extra were to be charged for each appointment that the consultant failed to keep, and the glasses prescribed from time to time to be worn constantly regardless of the cosmetic effect. The prescription given on August 14th was O. D. 3 Prism Dioptres, base up, () 6 Prism Dioptres, base in. O. S. 3 Prism Dioptres, base down, () 6 Prism Dioptres, base in. At first the consultant complained of being unable to wear the glasses, as has been the case with the several former pairs prescribed, but after a few days she reported perfect comfort and satisfaction. From this date on, a marked improvement has been noted in the muscle imbalance. The exophoria and hypophoria yielded more readily to the treatments and on September 14th there was complete muscular equilibrism, but adduction was only 10°. On October 14th adduction was up to 35°. Patient continues to use her eyes constantly at the near point with complete comfort. The case is still under observation.

BROTHERS WITH SIMILAR REFRACTION

C. C. Koch, Opt.D., F.A.A.O.
Minneapolis, Minn.

During the latter part of August, a boy, age 14, was referred to me for refraction. It developed that his only complaint was that he was unable to see distant objects clearly with his left eye. He had, at various times, passed school visual surveys made by teachers and nurses and his parents were very skeptical as to his statements, believing that he merely had a desire to wear glasses. His uncorrected visual acuity was as follows: O.D. 100%, O.S. 40% and O.U. 100%. After refracting this case on two different occasions, the following prescription was written: O.D.+0.75 D. sph. O.S.+ 0.25 D. sph. ()—1.75 D. cyl. axis 175. This correction gave him normal vision in each eye and after using it for two

weeks he reported everything satisfactory.

Shortly after receiving his correction his younger brother, age 9, announced that he, too, was unable to see as clearly with his left eye as he did with his right. At first his parents were inclined to believe that he merely wished to imitate his older brother in the use of a correction, but when he persisted in his statements (although he at no time felt any discomfort) it was decided advisible to have him examined.

He too could read the 100% line on the test chart with his right eye but had a scant 40% acuity with the left. On refraction, normal vision was obtained and the following glasses prescribed: O.D.+1.00 D. sph. O.S.+0.25 D. sph. ()—1.75 D. cyl. axis 175.

Here we have brothers wearing the identical corrections for astigmatic error in their respective left eyes and also whose acuity of vision and refractive error in their right eyes is practically the same. It is also interesting to note that both boys had three degrees of esophoria.

A PLEA FOR EDUCATION AND CO-OPERATION

Roy S. Dean, Opt. D., F.A.A.O.
Duluth, Minn.

Dr. Charles Mayo has just made the statement before the Dental convention at Dallas, Texas, that the mouth is the source of infection for sixty per cent of the people suffering results from infection, and that the co-operation of Medical and Dental practitioners would eventually overcome a large part of this through education of the people in the care of their general health, particularly the teeth. Dr. Mayo, however, does not discuss the primary factor which lowers the resistance and makes our system susceptible to the infections. While we agree that education along this line is important, is it not also true that the eye or vision plays an important part, that through fatigue produced by defective vision, our resistance is lowered. Therefore, is it not important that in this educational work the eye should receive more consideration than it now does?

Medical training, as carried out in the leading colleges, consists of from four to six years Medical and one year internship, and of this period of training less than one hundred hours are given over to instruction in Optics and visual correction (refraction); about the same mount of time is given to Dental training, and yet few Medical practitioners practice Dentistry. Why? Lack of training. Should not the eye receive as much consideration, when we all, or nearly all, are dependent for our livelihood upon vision? Then, is it not the duty of all practitioners, both medical and non-medical, to obtain the best possible training, since the public are entrusting to us their most valuable sense, that of sight. Through the proper correction of this sense of sight, many are relieved, not only as far as vision is concerned, but fatigue conditions are eliminated, therefore general health is improved.

It is not our intention to criticize any profession, rather to show the lack of education on the part of some practitioners, and this lack of education is what holds back all sciences whether it be Medicine, Dentistry, or Optometry. Therefore, it behooves all of us, medical, dental, and optometrical, to work in harmony one with the other, since we are all here to stay, and no one can dominate the field.

Dr. Mayo further stated that eighty-seven per cent of the deaths of American people are caused by infection of some sort. Therefore, again we look to the cause of lowered resistance, part of which is vision, and as stated by the aforementioned writer, the United States will reap a harvest of improved health and decreased insanity, as the result of the latest immigration restriction, in the United States; a law that was written mainly to assist labor conditions in this country. Is it not true that since sixty-five per cent of all industrial employees show an error of refraction or an eyestrain condition, that at least a part of these could be permanently relieved if given the proper attention to lights, application, color, etc., and that many who are now here and many native born, who have defective vision, are becoming public charges, due to the lack of education which should be handled through the several mediums, Medicine, Dentistry, and Optometry, if better co-operation from each branch were given.

We are all agreed that Medicine, Dentistry, and Optometry are necessary to mankind. Each profession feeling that their own is the most important. After all is said and done, are we not all of us dependent one upon the other for success in our chosen profession?

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Copy of advertisements must be sent to the Business Manager by the tenth of the month preceding its appearance. Subscriptions, applications for single copies, communications with reference to advertising or other business, should be addressed to the Business Manager,

JACK I. KURTZ, Room 209, Yeates Building, Minneapolis, Minnesota.

The Journal has no objection to the reprinting by other magazines of any of its articles, providing such reprints are properly credited to the Northwest Journal of Optometry

PATRONIZE MAGAZINE ADVERTISERS

Were a clearer understanding possible among all members of our various state associations, regarding the needs of the profession for a scientific journal carrying the newer thought of refractive technic as well as association matters in full, the NORTHWEST JOURNAL OF OPTOMETRY, official publication for several optometric organizations, would soon pass all other magazines in both circulation and in amount of advertising matter carried.

The day of the advertiser who bought space, just to be a good fellow and to donate a few dollars, has long since passed.

The man who buys space now is placing his money where it will pay dividends; this means that the advertiser in the NORTHWEST JOURNAL OF OPTOMETRY is not displaying his wares in order to be charitable and to prevent the state associations from carrying a white elephant; it's a business proposition and should the magazine not pay profits, he will soon withdraw his copy. Optometrists of the northwest and in the twenty other states reached by this Journal can assist the directors of the NORTHWEST JOURNAL OF OPTOMETRY by reading every advertisement, sending for catalogues and other literature and by always mentioning this magazine when writing to the advertiser.

Patronize, whenever practical, the man who is patronizing you.

C. C. K.

STATE ASSOCIATIONS

The number of meetings of state associations of optometrists which have been held during recent months and the uniform success that has attended these meetings prompts the thought that they are serving a very useful purpose for the profession.

Many of our associations have grown to such power and prestige in their respective states that they have been enabled to undertake activities of real magnitude and are now beginning to make themselves felt as vital factors in their community life. Clinics have been held, lectures given, demonstrations made, and visual surveys

conducted with such dignity and sincerity of purpose, that much interest has been aroused.

And even in a few cases where little is attempted beyond the cultivation of fraternal intercourse, a service is being rendered that is distinctly worth while.

A state optometric organization is essentially a duel organization, functioning chiefly along the lines of optometric education and also acting as a bulwark within which all men can safely and justly practice. The opportunities afforded at state association meetings for the assimilation of the newer optometric thought and for the pleasant fraternal associations and the formation of lasting friendships, can but tend to strengthen the common ties that bind us together as members of the same profession.

Optometric associations are more than justifying their existence and their present successes have amply proved the wisdom of their founders.

C. C. K.

REPORTS AND ANNOUNCEMENTS OF SOCIETIES

PRESIDENT PERRIGO SENDS CONDOLENCES

Augustine Family Receive Telegram and Flowers From Nebraska

Dr. C. A. Perrigo, of Freemont, Nebraska, President of the Nebraska State Association of Optometrists, upon hearing of the death of Dr. R. C. Augustine at once ordered a suitable floral emblem sent to the Augustines at Decatur, Illinois, along with the following telegram:

Mrs. R. C. Augustine,
Decatur, Ill.

The Nebraska Optometric Association, through its president, desires to express its sincere regret at the great loss you have suffered in the death of your husband, and Optometry in the loss of one of its strongest champions.

J. N. Perrigo, President.

Similar action was taken by Dr. J. I. Kurtz in behalf of the Minnesota Society and by Dr. A. S. Anderson, for the North Dakota Association.

THE LEGAL STATUS OF OPTOMETRY

In a recent court action in Montana the question was raised as to the exact status of optometry—was it a "trade" or was it a "professional calling." Inasmuch as the cost of several pieces of ophthalmic equipment seemed to hinge upon this point, it was deemed advisable to settle the matter and after hearings in several courts the matter finally reached the Supreme Court of the State of Montana.

The court decided in the only manner it could decide—the following quotation is from the four page opinion of the court, as written by Associate Justice W. L. Holloway:

"It is altogether immaterial whether optometry is within the dictionary definition of 'trade' or 'profession' or without the definition of either. As indicated above, the legislature has seen fit to regard it as a profession and has exacted from the practitioner, qualifications inconsistent with the idea that he is a mechanic and his practice, merely a trade. * * *"

(Editor, Northwest Journal of Optometry.)

1925 BOUND VOLUMES OF THE NORTHWEST JOURNAL OF OPTOMETRY

For the convenience of optometrists wishing to keep the various numbers of this Journal intact, the publishers have arranged for next year, to hold a certain number of magazines aside from each month's issue and to have them bound in genuine leather, as soon as Volume Two is complete.

Optometrists wishing this service should send a check for $5.00 at once to the Business Manager of the Northwest Journal of Optometry. These leather bound volumes can be ordered only during the month of December. No orders will be accepted after the first of the year. The books will be shipped, prepaid, to any part of the United States, on or about the 15th of December, 1925.

DIRECTORY OF BOARD MEMBERS AND OFFICERS

1924-1925

Minnesota, Nebraska, North Dakota and South Dakota

(In response to several requests for this information, the NORTHWEST JOURNAL OF OPTOMETRY has, with the co-operation of the secretaries of the several state organizations compiled the following lists of officers and board members of our societies.

Changes that occur from time to time in the personnels of these boards will be listed in these columns.—Editor Northwest Journal of Optometry.)

Officers of the Minnesota State Association of Optometrists

Dr. J. L. Kubicek, Waseca, President.
Dr. C. G. Mack, Minneapolis, First Vice-President.
Department of Administration:
Dr. Roy S. Dean, Duluth, Second Vice-President.
Department of Education:
Dr. H. B. Kollofski, St. Paul, Third Vice-President.
Department of Public Information:
Dr. A. C. Hoffman, Minneapolis, Fourth Vice-President.
Department of Legislation:
Dr. Jack I. Kurtz, Minneapolis, Secretary.
Dr. F. Zimmerman, Minneapolis, Treasurer.

Minnesota State Board of Examiners in Optometry

Dr. A. R. Burquist, Duluth, President.
Dr. E. Kiekenapp, Faribault, Secretary.
Dr. L. J. Arduser, Minneapolis.
Dr. F. J. Pratt, St. Paul.
Dr. H. O. Schleuder, New Ulm.

Officers of the Nebraska State Association of Optometrists

Dr. J. M. Perrigo, Fremont, President.
Dr. L. C. Hewitt, Neligh, First Vice-President.
Dr. B. G. Bauman, Alliance, Second Vice-President.
Dr. R. E. Garland, Beatrice, Secretary-Treasurer.
Dr. A. M. Skeffington, Kearney, Chairman of Educational Committee.
Dr. Harlan P. Blaine, Norfolk, Chairman of Clinic Committee.

Nebraska State Board of Examiners in Optometry

Dr. G. S. Dunlap, 122 N. 12th St., Lincoln.
Dr. Charles Vlach, 244 Aquila Court, Omaha.
Dr. Ray C. Kingsley, 408 S. 48th, Omaha.

Officers of the North Dakota State Association of Optometrists

Dr. H. Kornmesser, Jamestown, President.
Dr. D. D. Sullivan, Fargo, First Vice-President.
Dr. R. McLoughlin, Hope, Second Vice-President.
Dr. A. S. Anderson, Fessenden, Secretary.
Dr. E. A. Roton, Grand Forks, Treasurer.

North Dakota State Board of Examiners in Optometry

Dr. R. P. Merritt, Kenmare, President.
Dr. L. J. Anderson, Grand Forks, Secretary.
Dr. H. Kornmesser, Jamestown.
Dr. R. E. Bonham, Bismarck.
Dr. O. M. Varnson, Fargo.

Officers of the South Dakota State Association of Optometrists

Dr. R. I. Colberg, Aberdeen, President.
Dr. H. W. Knutson, Leola, Secretary.
Dr. A. R. Rounds, Mobridge, Treasurer.

North Dakota State Board of Examiners in Optometry

Dr. E. H. Prey, Watertown, President.
Dr. H. W. Knutson, Leola, Secretary.

MINNEAPOLIS SOCIETY ELECTS OFFICERS

At the annual meeting of the Minneapolis Association of Optometrists held November 19th at the Odin Club, the following men were elected to serve the society for the coming year. Dr. L. L. DeMars, President; Dr. John Linner, Vice-President; Dr. A. O. Nordstrom, Secretary, and Dr. J. E. Peterson, Treasurer.

This election took place after a two hour, heated debate upon policies to be followed during the next year by the association. Some very aggressive movements are under foot and many of the activities mentioned, if carried out, will be far-reaching in their effect upon optometry throughout the world.

A special meeting has been called for December 3rd when full announcement will be made.

DEPARTMENT OF EDUCATION

Minnesota State Association of Optometrists

Bulletin

Dr. Gordon H. Glidden of the Rochester School of Optometry, Rochester, N. Y., has been engaged for the Annual Meeting in February. This announcement insures us a wonderful Educational Program. Dr. Glidden has just returned to Rochester after spending the past year at Dartmouth in research work, where he received his Ph.D. degree.

It is the desire of your committee to have a full house, so make your plans early to attend this Educational Meeting next February.

Your Educational Committee is open for suggestions for added features for the Annual Convention. Write us and tell us what you want—Post-graduate clinics, other speakers, or just a get-together good time. Awaiting suggestions.

ROY S. DEAN, Opt. D.,
Chairman, Educational Committee.

ST. PAUL SOCIETY HOSTS AT STAG PARTY

American Optical Co. and Riggs Optical Co. Furnish Entertainment

The St. Paul Optometric Association entertained the Minnesota State Board of Optometry and the Minneapolis Association of Optometrists at a stag party, held at the St. Paul Elks Club, Tuesday, October 28th. Drs. George Jenson, A. Fandel and Roy Huber acted as the entertainment committee and with the aid of the above named wholesalers arranged one of the most elaborate stag parties ever staged by optometrists in the northwest. The entertainment was quite varied, most of it coming from the local variety houses, and the spirit with which the actors and actresses entered into the evening of fun, led much to the general amusement of those present. One of the outstanding features of the evening was an impromptu quartette composed as follows: Dr. E. Kiekenapp, National Secretary of the A. O. A.; Mr. Geo. Eue, manager of the St. Paul office of the Riggs Optical Co.; Dr. R. A. Ackerman, of St. Paul, and Mr. Fred Cahil, representative of the American Optical Co. At 11 P. M. a splendid buffet luncheon was served to the ninety optometrists present.

QUARTERLY MEETING OF THE SOUTHERN MINNESOTA SOCIETY

The Southern Minnesota Association of Optometrists held their quarterly meeting at the Owatonna House, Owatonna, Minnesota, November 17th, at 6:00 P. M. A delightful luncheon was served, and the meeting was very well attended by Southern Minnesota Optometrists.

Constitution and By-Laws were adopted, and various matters of business were brought up.

Four new members were welcomed into the society, namely: Dr. Walter B. Lyon, Albert Lea, Minn.; Dr. A. H. Abbott, Owatonna, Minn.; Dr. N. S. Harvey, Waseca, Minn.; Dr. S. J. Tillish, Mankato, Minn.

After the business session Dr. E. H. Kiekenapp gave a talk on the "Welfare of Optometry," which was very well received and enjoyed by every one.

Dr. W. W. Arms, of Owatonna, delivered a very interesting talk on "Ocular Calesthenics." He related some very interesting cases on this particular phase of Optical Service. A lively discussion followed this talk. Before the meeting adjourned a resolution of condolence was adopted and sent to Mrs. R. C. Augustine of Decatur, Illinois.

Walter H. Nordin, Opt.D.,
Secretary.

List of the Successful Candidates Who Recently Passed the Minnesota State Board Examination in Optometry, October 27, 28, 29, 1924.

Cert. No. 875—J. F. Berry, 406 St. Peter St., St. Paul, Minn.

Cert. No. 876—E. J. Cummins, 220 N. Fairview Ave., St. Paul, Minn. Latest address, Redwood Falls, Minn.

Cert. No. 877—Guy DuPlessis, 751 E. 17th St., Minneapolis, Minn.

Cert. No. 878—O. M. Perkins, 522 Ryan Bldg., St. Paul, Minn.

Cert. No. 879—E. Lofgren, 3935 4th St. N., Minneapolis, Minn.

Cert. No. 880—I. O. Melon, Ruso, N. D. Reciprocity.

Cert. No. 881—Clement Maguire, 2546 S. Dupont Ave., Minneapolis, Minn. Preliminary only.

In Memoriam

REGINALD C. AUGUSTINE, Opt.D.

It is with deep regret that we record the death of Dr. Reginald C. Augustine.

Born in Illinois in 1873, Dr. Augustine has, since childhood been associated with the ophthalmic work he so loved, starting his own practice in Decatur, Illinois, in 1895. Dr. Augustine served as head of the board of education in his home city and later in the same capacity for his state. He, naturally being a strong organizer, worked with great energy for his state optometric society and later for the American Optometric Association, being elected president of the later organization three times, serving during the years 1918, 1919 and 1920 and at the 1921 meeting in New York was made President Emeritus and Director of the Department of Public Information of our large national body. He at all times carried on his organization work with great zeal and his boundless enthusiasm for optometry made him loved by all men who knew him.

CURRENT LITERATURE

These are the titles of papers bearing on optometry. They are grouped under appropriate heads, and in each group arranged alphabetically, usually by the Authors name in **heavy face type.** The abbreviations mean: (Ill.), illustrated; (Pl.), plates; (Abst.), indicates that it is an abstract of the original article; and (Dis.), that discussion is published with paper.

GENERAL REFRACTION

Anderson, P. Simple Tests With Cross Cylinders. (Ill.) Opt. Jour. & Rev., Vol. LIV, No. 13, pp. 27-31.

Bernes, C. The Exophthalmometer. (Ill.) Amer. Jour. of Oph., Series 3, Vol. 7, No. 10, pp. 804-805.

Blaskovics, L. A Proposed New Unit of Visual Acuity and Advantages Claimed in Its Practical Use. (Abst.) Opt. Jour. & Rev., Vol. LIV, No. 14, pp. 34-36.

Dowling, J. C. A Plea for Cycloplegia. E. E. N. & T. Mo., Vol. 3, No. 9, pp. 495-498.

Folsom, L. P. Retinoscopy. Amer. Jour. of Phy. Opt., Vol. 5, No. 4, pp. 486-490.

Fuchs, E. Presbyopia. (Abst.) Amer. Jour. of Phy. Opt., Vol. 5, No. 4, pp. 517-531.

Johnson, L. A New Theory of Accommodation. (Abst.) Opt. Jour. & Rev., Vol. LIV, No. 16, pp. 31-32.

Laurance, L. Ametropia and Heterophoria. The Opt. (Brit.), Vol. LXVIII, No. 1752, pp. 149-52.

Liachowitz, A. T. Accommodation. (Part 1) Opt. Jour. & Rev., Vol. LIV, No. 16, pp. 27-29.

McKinney, W. W. Antimetropia. Opt. Jour. & Rev., Vol. LIV, No. 17, p. 29.

McFadden, F. Percentage Notation of Visual Acuity. (Ill.) N. W. Jour. of Optom., Vol. 1, No. 11, pp. 234-237.

Meyer, B. Absorption Glasses. Opt. Jour. & Rev., Vol. LIV, No. 13, pp. 23-25.

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OCULAR PATHOLOGY

Coutela, C. Ocular Manifestations of Syphilis. (Abst.) The Ref. (Brit.), Vol. 13, No. 158, pp. 197-199.

Jackson, E. The Progress of Senile Cataract Under Hygienic Care. Amer. Jour. of Oph., Series 3, Vol. 7, No. 10, pp. 775-782.

Jennings, J. E. Coloboma of the Optic Nerve. (Ill.) Amer. Jour. of Oph., Series 3, Vol. 7, No. 19, p. 788.

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Stieren, E. Central Homonymous Hemianopic Scotoma. (Ill.) Amer. Jour. of Oph., Series 3, Vol. 7, No. 10, pp. 764-766.

OCULAR MUSCLES

Backman, R. Comments on Methods of Correcting Cyclophoria. Amer. Jour. of Phy. Opt., Vol. 5, No. 4, pp. 438-444.

Peckham, R. M. Some Tests for Muscular Incoordination and Their Interpretation. (Ill.) The Conn. Optom., Vol. 1, No. 7, pp. 6-12.

Pollock, W. B. I. Squint. (Abst.) The Ref. (Brit.), Vol. 13, No. 157, pp. 178-181.

Van Osdol, W. L. The Relative Strength of the Internal Recti Muscles. Optom. Wky., Vol. XV, No. 35, p. 1612.

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McFadden, F. Protective Glasses and Heat Rays. (Ill.) Opt. Jour. & Rev., Vol. LIV, No. 17, pp. 25-26.

Sheard, C. On the Effects of Quantity and Quality of Illumination Upon the Human Eye and Vision. Amer. Jour. of Phy. Opt., Vol. 5, No. 4, pp. 468-485.

Testing the Sight of School Children. (Editorial) N. W. Jour. of Optom., Vol. 1, No. 11, pp. 243-244.

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McFadden, F. What Zone Meetings Can Do for Optometry. The Conn. Optom., Vol. 1, No. 7, pp. 13-14.

Martin, A. G. Conflict Between Oculists and Opticians in France. The Opt. (Brit.), Vol. LXVIII, No. 1751, pp. 140-144.

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Landolt, E. The Angle Alpha. (Ill.) (Abst.) The Opt. (Brit.), Vol. LXVIII, No. 1747, pp. 99-100.

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Swain, W. Rotations and Parallelogram Law. (Ill.) The Opt. (Brit.), Vol. LXVIII, No. 1749, pp. 97-98.

Witwell, A. The Position of an Image Formed by a Thick Lens. The Opt. (Brit.), Vol. LXVIII, No. 1747, pp. 61-64.

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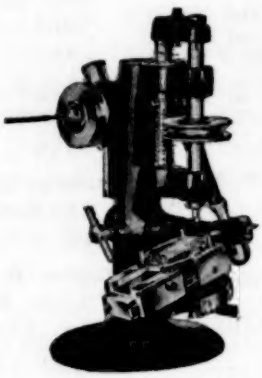

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